CALFRESH REQUEST FOR POLICY INTERPRETATION

PI#	1	7.	-99

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Retain a copy for your records and submit via email to CalFresh-PI@dss.ca.gov.

Please note: the policy interpretation provided is based on the unique set of facts presented and should not be assumed to apply in all scenarios.

1.	RESPONSE NEEDED DUE TO: Policy/Regulation Interpretation COC Other:		5. DATE OF REQUEST: NEED RESPONSE BY:
			11/16/2017 6. COUNTY/ORGANIZATION: Tehama County 7. SUBJECT: Disposal of Resources w/verbal attestation
2.	REQUESTOR NAM	E:	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).
3.	PHONE NO.:	EMAIL:	
4.	REGULATION CITE 63-409, 63-50	` '	
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If a customer declares verbally over the phone that they no longer have a resource while they are a recipient of a program that has no resource requirements and county takes action to end date this resource in SAWS based on this verbal attestation with no verification, and then later the customer becomes a recipient of a program that does have resource requirements, would this be counted as an error in a case review since there is no verification or signed documentation on file of the disposition of that resource?

(Example on next page)

REQUESTOR'S PROPOSED ANSWER:

No, there would be no error regarding the lack of verification for the ending of this resource. Verbal declaration was sufficiently documented in case narrative at the time that resources were exempt for the MCE household.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

Based on the information provided in this scenario, CDSS concurs with the proposed response.

FOR CDSS USE					
DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:				
11/30/2017	12/4/2017RA				

CALFRESH REQUEST FOR POLICY INTERPRETATION (Continued)						PI#17-99		
1.	RESPONSE NEEDED DUE TO: Policy/Regulation Interpretation			5. DATE OF REQUEST: NEED RESPONSE BY:			ONSE BY:	
	☐ QC ☐ Other:		6.	6. COUNTY/ORGANIZATION: 7. SUBJECT:				
			7.					
2.	REQUESTOR NAME:		8.	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).				
3.	PHONE NO.:	EMAIL:						
4.	REGULATION CITE(S	;):						

Example: CF household is categorically eligible and is completing their annual renewal interview by phone. Through the course of the interview, the recipient mentions that they no longer have a bank account that CWD has listed in the SAWS case. CWD end dates the record of the bank account in SAWS, and documents in the case narrative that this resource is no longer owned by the recipient. At the time this action is taken, resources are exempt for this household. At a later date, customer receives an IPV and loses MCE status. At that time, verification of resources are requested but request excludes bank account that had been end dated without verification. When case is reviewed for QC, there is no verification on file to support CWD in end dating this resource.